

191—76.3(514J) Notice of coverage decision and content. The notice required under Iowa Code chapter 514J shall contain the following information:

1. The enrollee was covered by the carrier at the time the service or treatment was proposed;
2. The enrollee has been denied coverage based on a determination by the carrier that the proposed service or treatment does not meet the definition of medical necessity;
3. The enrollee or the enrollee's treating health care provider acting on behalf of the enrollee has exhausted all internal appeal mechanisms provided under the carrier's evidence of coverage; and
4. Information on how the enrollee or the enrollee's treating health care provider can request an external review. The information provided shall specify the following:
 - The enrollee or the enrollee's treating health care provider must send the request for an external review within 60 days of receipt of the coverage decision from the carrier;
 - The request shall be made to the Division of Insurance, 330 Maple Street, Des Moines, Iowa 50319;
 - A copy of the carrier's coverage decision shall accompany the written request for an external review;
 - A \$25 filing fee is required unless the enrollee is requesting that the fee be waived. The check should be made payable to the Insurance Division. If a waiver is requested, the request shall include an explanation of why the enrollee is requesting that the fee be waived.